

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701477

1. Entity Name

GARDEN CLUB OF INDIAN RIVER COUNTY, INCORPORATED

Principal Place of Business

2526 17TH AVENUE
VERO BEACH FL 32960

Mailing Address

2526 17TH AVENUE
VERO BEACH FL 32960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, ANN
1520 CLUB DRIVE
VERO BEACH FL 32963-2213

Name

Lois Schwartz

Street Address (P.O. Box Number is Not Acceptable)

26 Cache Cay Drive

City

Vero Beach FL

32963-1210

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARTER, ANN 1520 CLUB DRIVE VERO BCH. FL 32963-2213	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PARR, KATHY 695 ROYAL PALM PLACE VERO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VERON, BONNIE 280 S. PEPPERTREE DR. VERO BCH. FL 32963-5012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HINTON, MARJORIE A. 1234 S.W. 36TH AVE. VERO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MEARS, ANDREA PO BOX 6005 VERO BEACH FL 32961	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Schwartz, Lois 26 Cache Cay Drive Vero Beach, FL 32963-1210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Veron, Bonnie 280 S. Peppertree Drive Vero Beach, FL 32963-5012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Collins, Debbie 1190 Bounty Blvd. Vero Beach, FL 32963-2553	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Hardeen, Vivienne 1540 Sabal Court Vero Beach, FL 32963-4285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois Schwartz

(561) 231-0470

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90070 027 ****61.25



DO NOT WRITE IN THIS SPACE